

SEGUIN VOLLEYBALL ASSOCIATION

SEGUIN, TEXAS 78155

SUMMER LEAGUE 2014

ENTRY FEE: \$90.00 (SPONSOR FEE)

CITY FEES: PLAYER FEES \$7.00 PER PERSON

INSURANCE FEE \$6.75 PER PERSON

TOTAL AMOUNT PER PLAYER \$ 13.75

**All checks are to be made payable to Seguin Volleyball Association.
Any NSF Checks will result in a SERVICE CHARGE OF \$30.00.**

Rosters and entry fees can be turned in Monday and Wednesday May 12 & 14th 2014 from 5:30pm -7:30pm at Fiesta Ballroom 735 E IH 10 Seguin, TX. Rosters can be picked up at the Chamber of Commerce, Seguin Print Shop located at 412 N. King St. or the Parks Dept. You can turn your money in ONLY at the Fiesta Ballroom on Tuesday and Wednesday May 12 & 14th 2014 from 5:30pm -7:30pm 735 E IH 10 Seguin, TX.

Organization meeting will be held on Wednesday, May 21 , 2014 at 7:00 p.m. in the Hall of Fame.

League play begins on Wednesday, May 28, 2014 for Women "AA, A & C" Leagues, Thursday, May 29, 2014 for Women "B" League and on Monday, June 2, 2014 for Men's "AA, A & B" Leagues. WE WILL BEGIN AT 6:45 P.M. SHARP!!!!!!!!!!!!!!!!!!!!

Deadline for late entries will be Wednesday, May 21, 2014 at the organizational meeting. There will be a \$30.00 LATE CHARGE for late team entries and \$10.00 late charge to add a player.

NO EXCEPTIONS THERE AFTER.

SEGUIN VOLLEYBALL ASSOCIATION

SEGUIN, TX 78155

830-379-1513

OFFICIAL SUMMER LEAGUE TEAM ROSTER 2014

NAME OF TEAM: _____ LEAGUE DESIRED _____

TEAM CAPTAIN: _____

ADDRESS: _____ HOME # _____

CITY, STATE, ZIP CODE: _____ WORK # _____

INCLUDED ARE \$90.00 REGISTRATION FEE, \$ _____ CITY FEES, \$ _____ INSURANCE
FEES BY CASH OR CHECK PAYABLE TO THE SEGUIN VOLLEYBALL ASSOCIATION.

PLEASE READ THE FOLLOWING STATEMENT AND SIGN BELOW BEFORE RETURNING ROSTER.
ALL TEAM MEMBERS MUST SIGN BEFORE SEASON BEGINS.

In consideration of your acceptance of this entry, I, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release the Seguin Volleyball Association and the City of Seguin and any and all sponsors, agents, employees, and all officials and participants from any and all rights and claims or damages I may have arising out of any injuries and illnesses suffered by me in this event including those which may be attributed to weather conditions. I attest and verify that I will participate in this event as a volleyball participant.

I have read the entry form provided and certify my compliance by my signature below. I also understand ENTRY FEES I pay are NONREFUNDABLE.

PRINTED NAME

SIGNATURE OF TEAM MEMBER

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____
